

**Fill in this Information to identify the case:**

Debtor 1 **International Heritage, Inc.**  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Debtor 2  
 (Spouse, if filing) First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 United States Bankruptcy Court for the: **EASTERN** District of **NORTH CAROLINA**  
 (State)

Case number: **98-02675-5-DMW**

**FILED**

MAY 05 2021

STEPHANIE J. BUTLER, CLERK  
 U.S. BANKRUPTCY COURT  
 EASTERN DISTRICT OF NC**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$133.50, \$3.84 AND \$476.94
Claimant's Name:	Benjamin D. Tarver dba Bankruptcy Settlement Group, As Assignee
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2885 Sanford Ave SW #37848, Grandville, MI 49418 Phone 832-781-0620 help@claimtransfers.com

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**4. Notice to United States Attorney**

- Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
for the Eastern District of North Carolina  
150 Fayetteville Street,  
Suite 2100, Raleigh, NC 27601

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 4/26/2021



Signature of Applicant

**Benjamin D. Tarver**

Printed Name of Applicant

Address: **2885 Sanford Ave SW #37848  
Grandville, MI 49418**

Telephone: **832-781-0620**

Email: **help@claimtransfers.com**

**6. Notarization**

STATE OF **ARIZONA**

**COCHISE**

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated 4/26/21 was subscribed and sworn to before me this 26th day of APRIL, 2021 by

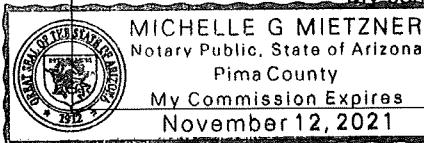
**Benjamin D. Tarver**

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public M. Tarver, N.P.

My commission expires: 11/12/21



**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires:

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA

IN RE:

CASE NO. 98-02675

International Heritage, Inc.

Debtor(s)

/

AFFIDAVIT OF APPLICANT

I, Benjamin D. Tarver, do hereby certify that I am doing business as Bankruptcy Settlement Group ("BSG"), and that BSG is legally entitled to the unclaimed funds referenced in this application and that no other party is entitled to these funds.

In support, applicant respectfully represents as follows:

1. A check for "David N. Schneider" in the amount of \$133.50, \$3.84 AND \$476.94 was not negotiated and was thus remitted as unclaimed funds to the Clerk of the Court.
2. David N. Schneider assigned the unclaimed funds referenced in the application to BSG.

I declare under penalty of perjury that the foregoing is true and correct.

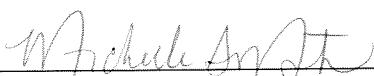
Dated: 4/26/2021



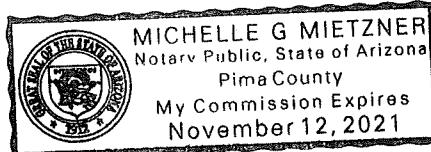
Benjamin D. Tarver  
2885 Sanford Ave SW #37848  
Grandville, MI 49418

Sworn to and subscribed before me,  
State of ARIZONA, County of COCHISE

This 26th day of April, 2021



Notary Public Signature



My Commission Expires: 11/12/21

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA

IN RE:

CASE NO. 98-02675

International Heritage, Inc.

**AFFIDAVIT AND ASSIGNMENT**

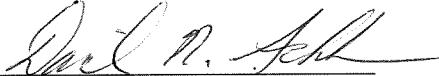
Debtor(s)

I, David N. Schneider, of 11 STEALTH LN, YAKIMA, WA 98901-1619, certify:

1. That I am at least 18 years of age.
2. For good and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby certify that I have unconditionally and irrevocably sold, transferred and assigned to Bankruptcy Settlement Group ("Assignee"), its successors and assigns, whose mailing address is 2885 Sanford Ave SW #37848, Grandville, MI 49418, all right, title and interest in and to my claims in the above referenced bankruptcy proceeding, including without limitation my right to receive any future payments, distributions, unclaimed dividends and/or other property in the bankruptcy proceeding. I waive any notice or hearing requirements imposed by Court rules and stipulate that an order may be entered recognizing this Assignment as an unconditional Assignment and Assignee herein as the valid owner of my claim(s) and/or rights.
3. I am a debtor or creditor in the above referenced bankruptcy proceeding.
4. My address was/is 311 S 1st St., Selah, WA 98942.

I certify under penalty of perjury that the foregoing is true and correct.

Dated: 4/21/2021



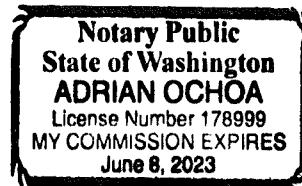
David N. Schneider

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC AND AFFIX NOTARY SEAL

Sworn to and subscribed before me,  
State of WA County of Yakima  
This 27 day of April, 20 21



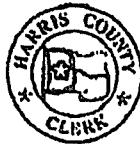
Notary Public Signature



(NOTARY SEAL)

My Commission Expires: 06-08-23

Return this form to: Bankruptcy Settlement Group, 2885 Sanford Ave SW #37848, Grandville MI 49418



**OFFICE OF DIANE TRAUTMAN**  
**COUNTY CLERK, HARRIS COUNTY, TEXAS**

B647236  
01/30/2020 CHIMNEY ROCK  
\$16.00 ASSUMED

This is to acknowledge receipt of certificate of operation under Assumed Name which was filed in my office for **BANKRUPTCY SETTLEMENT GROUP** under the file number as shown on the cash register validation above, and indexed in the Assumed Name Records as prescribed by law.

The certificate shows

**TARVER, BENJAMIN DERAY**

to be the owner(s) of said business.

The period (not to exceed 10 years) during which the assumed name will be used is shown as 10

January 30, 2020

Through

January 30, 2030

Whenever there is a change of ownership, a withdrawal certificate shall be executed and duly acknowledged by the person or persons so withdrawing from or disposing of their interest in said business. Until such certificate has been filed, they shall remain liable for all debts incurred in the operation of said business.

DIANE TRAUTMAN,  
County Clerk, Harris County

*Monica Avaceli Torres Gonzalez*  
Monica Avaceli Torres Gonzalez Deputy County Clerk



P.O. Box 1525 • Houston, TX 77251-1525 • 713-755-6411  
www.clerk.hctx.net  
Form No. D-02-02 (Rev. 01/01/2019)

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA

IN RE:

CASE NO. 98-02675

International Heritage, Inc.

Debtors(s)

/

**ORDER AUTHORIZING PAYMENT OF UNCLAIMED FUNDS**

This matter comes before the Court upon the motion of Benjamin D. Tarver dba Bankruptcy Settlement Group, as Assignee, seeking an entry of an order authorizing payment of unclaimed funds.

The motion and the documents attached thereto establish that Claimant is entitled to the Unclaimed Funds; accordingly, it is hereby

ORDERED that the Clerk of the Court pay \$133.50, \$3.84 AND \$476.94 to the order of Benjamin D. Tarver dba Bankruptcy Settlement Group. and mail the payment to:

Bankruptcy Settlement Group  
2885 Sanford Ave SW #37848  
Grandville, MI 49418

Dated: \_\_\_\_\_

\_\_\_\_\_  
UNITED STATES BANKRUPTCY JUDGE